RESEARCH HIGHLIGHT

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Environment Scan on Canadian Seniors' Transitions to Special Care Facilities

INTRODUCTION

The *Environment Scan on Canadian Seniors' Transitions to Special Care Facilities* provides a comprehensive picture of seniors' transitions from private dwellings to special care facilities based on available literature. In this study, seniors are people aged 65 or older. It presents a synthesis of the findings from a review of literature, data collection and key informant consultations. The overall purpose of the study was to review the state of knowledge on seniors' transitions by:

- conducting a comprehensive literature review on seniors' housing transitions to special care facilities and the implications of seniors' housing transition trends for housing; and
- compiling and analyzing available data on seniors' housing transitions to special care facilities.

METHODOLOGY

This study was undertaken in two phases.

Phase One involved a comprehensive review of literature on seniors' housing transitions from private dwellings to special care facilities with a focus on the past two decades.

Phase Two of the study involved identifying data sources on seniors' housing transitions, collecting and analyzing this data, identifying data gaps and areas for further research, and providing recommendations on how to fill these gaps. Consultations with key informants were conducted to identify data sources, validate and build on the findings from Phase One, and identify additional studies or reports to supplement the information gathered in Phase One. A list of key informants was developed and included representatives of seniors' organizations, developers of seniors' housing, academics who have expertise in seniors' issues, and representatives of provincial and territorial ministries.

FINDINGS

In 2011, there were close to five million seniors in Canada, representing 14.8% of the population. This was up from 13.7% in 2006.[1] By 2036, it is estimated that almost a quarter of the population (23.7%) will be made up of Canadians 65 years or older. Statistics Canada data shows that the majority of seniors live in private dwellings, while the remainder (7.9% of seniors in 2011) live in collective dwellings, which include special care facilities.[2]

[1] The report: *Environment Scan on Canadian Seniors' Transitions to Special Care Facilities* is based on data from the 2006 Census. This research highlight has been updated with 2011 Census data.

[2] In the 2006 Census, "special care facilities" refer to nursing homes, residences for senior citizens, and chronic and long-term care and related facilities.

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There were variations in the proportions of seniors in special care facilities across provinces and territories. Quebec had the largest proportion of seniors in special care facilities in 2011, at 9% followed by Alberta (8.8%), Manitoba (7.4%), Prince Edward Island (7.2%), and Saskatchewan (6.9%). New Brunswick had the smallest proportion (4.4%) among the provinces, while Nunavut and the Northwest Territories had the smallest proportion (1.9%) overall.

The proportion of the senior population in special care facilities does not necessarily reflect the share of the senior population in the provinces and territories. While New Brunswick had the largest proportion of seniors among the provinces and territories in 2011, at 23.7%, only 4.4% of New Brunswick seniors are in special care facilities. Alberta on the other hand had a smaller proportion of seniors (11.1% of the total population), but 8.8% of Alberta seniors reside in special care facilities.

Reasons why seniors move to special care facilities

A number of factors influence seniors' decision to move from their private home to a special care facility. In general, most seniors would prefer to stay in their own homes. It is often factors beyond their control that drive them to move to a special care facility. Health status is one of the primary reasons seniors move to special care facilities. Several studies have found that someone experiencing health challenges was significantly more likely to live in an institution than someone in good health. In addition, the type of health issue is directly correlated to the probability of living in a special care facility. For example, a study found that seniors with Alzheimer's disease or dementia were more likely to move to a special care facility than those who had diabetes, hypertension or coronary artery disease.[3]

The availability of care in the home is another major factor that influences seniors' decision to move to a special care facility. Several studies found that a move to an institution is not always the result of deteriorating health status but may be the only option available to seniors who live alone and who do not have family or friends to help care for them. One study found that publicly provided home care reduced the probability of institutionalization by about 45%. The authors also found that social support reduced the probability of institutional living arrangements in the range of 49% to 62%.[4]

Other factors that influence seniors' decision to move to a special care facility include age, income, education, marital status, living arrangements, and the presence of home adaptations. The probability of living in a special care facility increases with age; having low income or education levels; being single, separated or divorced; and living alone. Gender seems to be a determinant as well, but it is more a result of longer life expectancy for women than an independent factor that influences seniors' decision to move. As the gap in life expectancy between men and women narrows, there may be more men moving to special care facilities or more couples seeking alternatives to institutionalization.

In addition, the policies and programs in the seniors' province of residence may also influence their decision to move. Regions with a larger supply of beds in special care facilities may have higher rates of institutionalization. In addition, policies on payment for accommodation may influence whether a senior moves to a nursing home or residence for seniors, sometimes regardless of their care needs. Further, provincial and territorial budgets for home care are factors in the rates of institutionalization, as these determine the availability of, and access to, care in the community.

[3] Mitchell, L., et al. (2008). *Long Term Care Strategy: An Examination of Clients Across the Care Continuum.* Winnipeg Regional Health Authority and Centre on Aging, University of Manitoba.

[4] Sarma, S., Hawley, G., and Basu, K. (2009). "Transitions in Living Arrangements of Canadian Seniors: Findings from the NPHS Longitudinal Data." *Social Science and Medicine,* 68, pp. 1106-1113.

Timing of transitions to special care facilities

The move from a private dwelling to a special care facility generally occurs between the ages of 80 and 85, but age alone does not determine whether seniors will move from their private dwelling to a special care facility. Other factors, such as health status and the availability of care in the community, in association with age, influence a senior's decision to move. As life expectancy increases, particularly disability-free life expectancy, the average transition age may also rise.

Research and key informant consultations were not able to identify data showing the proportion of the senior population transitioning to special care facilities each year in the past decade. It can be inferred from the available data that only a small proportion of seniors move to special care facilities each year. This is supported by the fact that only 7.1% of the Canadian senior population in 2011 lived in special care facilities[5] (up from 6.3% in 2006).

Patterns of transition to special care facilities

The literature suggests that there are three kinds of moves often made by seniors. The first move is undertaken right after retirement and is primarily for amenity or lifestyle reasons where the senior moves to be in a location with more desirable and age-appropriate amenities. The second move is done to be near a primary caregiver when the senior becomes moderately disabled and can no longer manage without help. The third move is to an institution when the senior's needs are too much for the caregiver to handle.[6]

There are a number of variances to this pattern. For example, a low-income senior household may not have the option of moving for amenity or lifestyle reasons. In addition, for seniors with no children or younger relatives who may be able to provide some assistance, moving to an institution may be their only option, particularly if there are no formal supports available in the community. Another deviation from the pattern may be seen among immigrant communities, where seniors sometimes live with their children or relatives despite their relatively good health.[7]

Some key informants felt that there was no typical pattern in the housing transitions of seniors. They felt that each individual had a unique pattern but that these were often influenced by the senior's health status and financial situation. Some key informants also suggested that the availability of home care or informal care influenced the pattern of transition a senior followed. An informal caregiver, such as a child or relative, or the availability of formal home care in the community allows seniors to stay in their own homes longer, if not permanently.

Key informants stated that they expected patterns of seniors' housing transitions to change as a result of the aging of the baby boomers. There was no data to support this, since the oldest of the baby boomers only reached 65 in 2011. But baby boomers' attitudes and the changes that have occurred, such as a focus on staying healthy longer and staying in the workforce longer, suggest that changes will be experienced in this sector as well.

Housing preferences and actual transition patterns

A survey of Atlantic Canadian seniors found that 88% of respondents had no plans to move from their current dwelling.[8] When offered a home care alternative, 90% of Canadian veterans chose to remain at home rather than move to a nursing home.[9] In spite of this, many seniors do realize that, as they age, their health will deteriorate and that there is a good chance they will need to move to some form

[5] Source: Statistics Canada, 2011 Census, Catalogue no. 98-313-XCB2011024.

[6] Litwak, E. and Longino, C. (1987). "Migration Patterns Among the Elderly: A Developmental Perspective." *The Gerontologist*, Vol. 27(3), pp. 266-272.

[7] Litwak, E. and Longino, C. (1987). "Migration Patterns Among the Elderly: A Developmental Perspective." *The Gerontologist*, Vol. 27(3), pp. 266-272.

[8] Shiner, D. (2007). *Report on the Atlantic Seniors' Housing and Support Services Survey.*

[9] Pedlar, D., Lockhart, W., and Macintosh, S. (2009). "Canada's Veterans Independence Program: A Pioneer of "Aging at Home." " *Healthcare Papers*, Vol. 10(1), pp. 72-77.

of seniors' housing that offers support services. A study found that seniors' expectations of their living arrangements in the future are largely based on their personal profile.[10] This means that, despite the fact that most seniors would like to age in their own homes, for someone whose health status is not good and who does not have access to home care, the expectations of transitioning to a special care facility are quite high.

Implications of seniors' transitions to special care facilities

The aging of the population has significant effects on housing, communities and governments. Since the majority of seniors would prefer to age in their own homes, there will be increasing pressure for programs that facilitate aging in place, including home care programs and programs that support informal caregivers. The aging of the baby boomers will increase the demand for these programs, as information on this population group suggests that they will not accept institutionalization as the only option.

In spite of the desire to age at home, there will still be a number of seniors who will require special care facilities. This number is expected to rise as a result of the increase in the senior population. In addition, some studies suggest that the people entering special care facilities will have higher care needs on account of the prevalence of certain health conditions, such as dementia, and the advanced age at which seniors move to special care facilities. In 2007, an estimated 450,000 Canadians over 65 years had dementia, and 260,000 of these seniors had Alzheimer's disease. The Canadian Alzheimer Society estimates that, by 2031, about 750,000 Canadians will have dementia.[11] In addition, data suggests that there may be a need to consider providing accommodation in special care facilities for couples rather than just individuals as the gap in life expectancy between men and women narrows.

Gaps in data and information

The review of the current state of knowledge on seniors' housing transitions from private dwellings to special care facilities identified a number of data and information gaps. One of these gaps is the lack of common terms and definitions across the country. Another gap was the lack of consistent data on seniors moving from private dwellings to special care facilities. Developing standards for the collection of data on admissions to special care facilities would help ensure the availability of consistent data throughout the country.

Data was not available on the annual proportion of the senior population moving from private dwellings to special care facilities by age category. By gathering data on the number of seniors entering special care facilities each year across the country and comparing this data to annual population estimates from Statistics Canada, it would be possible to calculate the proportion of seniors moving each year. This would help provide an accurate picture of the overall need for these facilities and provide a basis for policy and program decisions.

The review also found that, in some cases, it was difficult to get the same type of data for nursing homes and residences for seniors. This data would be useful in comparing the population of these two types of special care facilities, in determining the current and future need for these types of facilities, and in making policy decisions.

Addressing these gaps involves modifying the way in which data is gathered and the type of data that is being collected. Considering that data collection is undertaken by different government agencies and different jurisdictions, it would be useful to find a collaborative way of addressing the data gaps that have been identified.

[10] Akamigbo, A., and Wolinsky, F. (2006). *Reported Expectations for Nursing Home Placement Among Older Adults and Their Role as Risk Factors for Nursing Home Admissions.*

[11] Ascent Strategy Group (2008). *Final Report: Trends, Projections and Recommended Approaches to Delivery of Long-term Care in the Province of Prince Edward Island 2007-2017.*

Areas for further research

The environment scan and key informant consultations also identified some areas for further research to better understand seniors' transitions from private dwellings to special care facilities. One area that may warrant further research is the implications of the narrowing gap in life expectancy between men and women on the need for special care facilities. Another area is the impact that the increasing disability-free life expectancy would have in the use of special care facilities.

Further research could include how programs to facilitate aging at home may further decrease the proportion of seniors moving to special care facilities, in spite of the increase in the proportion of seniors in the population. Further research on the Balance of Care model (which examines the proportion of clients on the waiting list for nursing homes who could safely and cost-effectively be supported in their own homes or in supportive housing in their communities) could also be undertaken to better understand alternatives to institutionalization and support a re-examination of policy and program priorities.

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Housing Research at CMHC

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